



HIV/AIDS, STD & TB Prevention UTAH

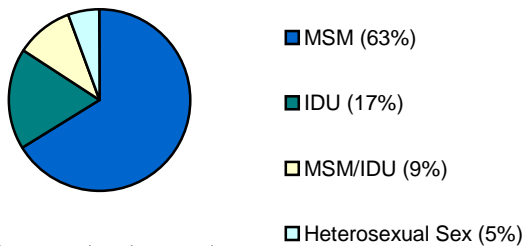
HIV/AIDS Epidemic

Utah reported 2,176 cumulative AIDS cases to CDC as of December 2003.

Cumulative Reported AIDS Cases by Mode of Exposure, through 2004

*N = 2,171

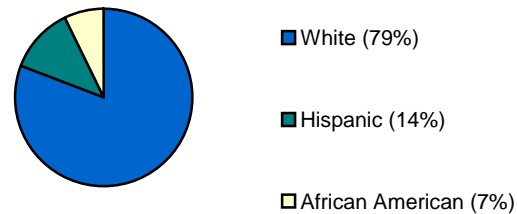
SOURCE: Utah Department of Health



Cumulative Reported AIDS Cases by Race/Ethnicity, through 2004

*N = 2,171

SOURCE: Utah Department of Health



Sexually Transmitted Diseases (STDs)

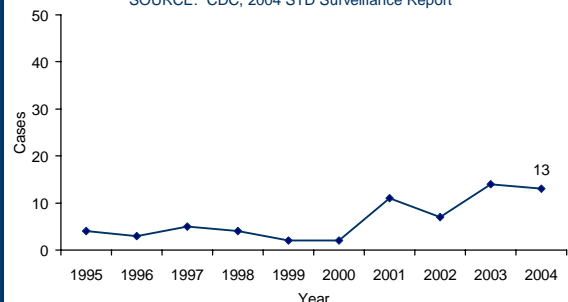
Syphilis

Primary and secondary (P&S) syphilis (the stages when syphilis is most infectious) remains a problem in the southern U.S. and some urban areas. In Utah, the rate of P&S syphilis increased 200% from 1995-2004.

- Utah ranked 37th among the 50 states with 0.6 cases of P&S syphilis per 100,000 persons.
- The number of congenital syphilis cases increased from 0 in 1995 to 1 in 2004.

P&S Syphilis Cases in Utah, 1995-2004

SOURCE: CDC, 2004 STD Surveillance Report



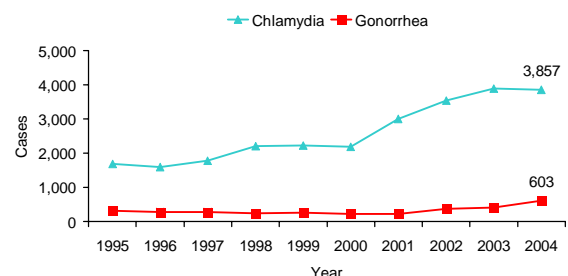
Chlamydia and Gonorrhea

Chlamydial and gonorrheal infections in women are usually asymptomatic and often go undiagnosed. Untreated, these infections can lead to pelvic inflammatory disease (PID), which can cause tubal infertility, ectopic pregnancy, and chronic pelvic pain.

- Utah ranked 46th among the 50 states in chlamydial infections (164 per 100,000 persons) and 43rd in the rate of gonorrhea infections (25.6 per 100,000 persons).
- Rates of chlamydia among Utah women (232.3 cases per 100,000 females) were 2.4 times greater than those among Utah men (96.3 cases per 100,000 males).

Chlamydia and Gonorrhea Cases in Utah, 1995-2004

SOURCE: CDC, 2004 STD Surveillance Report

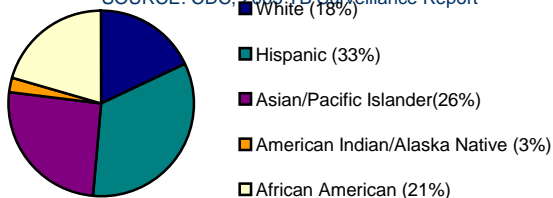


Tuberculosis

TB Cases by Race/Ethnicity, through 2003

*N = 39

SOURCE: CDC, 2003 TB Surveillance Report



*Percentage totals may be greater or less than 100 due to rounding or missing data.

Although rates of tuberculosis (TB) infection in the U.S. have declined substantially since 1992, rates among foreign-born persons continued to increase. In 2003, Utah reported

- ❑ The 40th highest rate of TB in the U.S.
- ❑ A total of 39 TB cases with 33% affecting Hispanics and 26% affecting Asian/Pacific Islanders. In all, about 72% were among foreign-born persons.

Program Initiatives Supported by CDC

Human Immunodeficiency Virus (HIV)

The Utah Department of Health's HIV Prevention program provides information and knowledge to citizens in an effort to prevent HIV. The Department works with various organizations throughout the state to provide HIV prevention activities. Prevention activities include HIV counseling and testing workshops, rapid HIV testing, and partner notification and education programs.

Sexually Transmitted Diseases (STDs)

The representatives of the STD Control Program, the Utah Public Health Laboratory, and the Title X Family Planning clinics work together to ensure quality STD prevention services throughout the state. Collaboration between Planned Parenthood Association of Utah and the STD Control Program is resulting in increased STD testing at youth correctional facilities, youth counseling centers, youth centers and one of the states job corps centers. Identifying infected individuals provides the opportunity to offer valuable risk-reduction messages on an individual basis with the goal of reducing the rate of re-infection. Culturally-appropriate comprehensive STD education is provided to all those tested, regardless of results.

National Center for HIV, STDs & TB Prevention Funding to Utah, 2005 (US\$)

HIV/AIDS	\$1,505,163
STDs	\$492,713
TB	\$347,843

Tuberculosis (TB)

All refugee arrivals to Utah resettle in the Salt Lake City metropolitan area. Of the 490 refugees who resettled in Utah in 2003, 321 or 65.5% were from Africa. Of those, nearly 85% are found to be infected with TB. Six refugees were diagnosed with TB in 2003 (15.4% of 39 total cases), and five of these were children from either Somalia or Sudan aged 14 years or less who had resided in the United States less than 4 months. Utah receives federal funding for refugee services, some of which are utilized for TB prevention and control activities, including surveillance, testing, medication, and clinical consultation. This is an excellent example of how other sources of federal funding can be leveraged to intensify existing TB prevention activities in a state with few TB cases.

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